State of Rhode Island Rewards for Wellness Program

BMI Co-Share Incentive Form

Eligible employees* will qualify for **part (a) and (b)** of the BMI co-share credit by completing the below **between September 1, 2016 and March 31, 2017**:

(a) Obtain Body Mass Index (BMI) screening at a Health Fair or in your physician's office and earn a $50 co-share credit.

(b) Earn an additional $50 co-share credit with a BMI of less than 30 **OR** complete one of the following options:

- Enroll in the Diabetes Prevention Program (DPP) and attend session 0 and at least 1 additional session **OR**
- Attend 3 visits with an in-network nutritionist/dietician (no co-payment if BMI ≥30).

*All State of RI employees are eligible to participate in Rewards for Wellness Activities, but only employees who are paying State employee medical co-shares posted at www.employeebenefits.ri.gov are eligible to receive incentives for co-share credit.

Name (please print): _____ DOB: _____

Contact Phone Number: _____

UHC Subscriber/Member ID (on UHC card) OR SSN: _____

(a) To receive credit for a BMI obtained at your physician, NOT a health fair, request your physician to fill out the following information:

_____ Date of Physician Screening Height _____ ft. _____ in. Weight_____lbs.

Body Mass Index (BMI): _____

Physician's Signature: _____ Date: _____

Name of Physician (please print): _____

Physician Address/Telephone: _____

In accordance with HIPAA, no personal health information will be shared with the State of Rhode Island.

(b) If your BMI is **30 or more** complete one of the options to receive the second $50 co-share credit.

… List dates of Diabetes Prevention Program attendance and have coach print **and** sign name.

Session 0_____ 1 Additional Session _____ Name of Coach _____

Coach's Signature: _____ Date: _____

OR

List dates of visits and name of in-network Nutritionist/Dietician for verification through UHC system.

1. _____ 2. _____ 3. _____ Name of Nutritionist _____

Employee must mail/fax this form and any necessary documentation by March 31, 2017 to:

Linda McCormick
UnitedHealthcare
475 Kilvert Street Warwick, RI 02886

Fax Number: **401-732-7211**
Please keep a copy of your fax confirmation for proof of submission.

For more details, please go to:
www.employeebenefits.ri.gov